

MAY 14 2019



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-5

ADJUSTER: Mario Castro

Determination Date: 05/09/2019
RFA Received Date: 05/03/2019
Provider: Patrick O Lang, MD
Pre-cert #: 139249073-UMO-5
Network: Per Adjuster

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 05/09/2019 and is summarized below:

DME								
Determination	Type of Equipment	Rental / Purchase	If Rental, Duration	Body Part	Effective Date	Termination Date	Facility	Provider
Requested	Voice Generated System	Purchase		Bilateral Upper Extremities				
Certified	Voice Generated System	Purchase		Bilateral Upper Extremities	5/9/19	11/9/19		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1.

Sincerely,

Joni Mazon, RN
Utilization Management Department

cc: Office Copy



Mario Castro

Jonathan Shockley

Farber & Co

Church, Michele

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On May 9, 2019, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Dr. Lang / Kim
Email: admin@sfhand.com

Mario Castro
Email: Mario.Castro@Chubb.com

Michele Church
Email: mchurch@chubb.com

Executed on May 9, 2019, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in cursive script, appearing to read "Linda A. Grant", written over a horizontal line.

Signature

File: 139249073 **Shockley**



PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On May 9, 2019, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Farber & Co
333 Hegenberger Road #504

Oakland
CA
94621

Jonathan Shockley
1000 Sutter St.
San Francisco
CA
94109

Patrick O Lang, MD
601 Van Ness Ave., #2018
San Francisco
CA
94102

Executed on May 9, 2019 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink that reads "Becca Guimont".

Signature

File: 040519008736, Shockley Jonathan